

# 2015 JBLM MODERN ARMY COMBATIVES TOURNAMENT (REGISTRATION PACKET)

**INSTRUCTIONS (PRINT LEGIBLY):** COMPLETE **EACH** OF THE FOLLOWING FOUR (4) PAGES. EACH PAGE MUST BE COMPLETED AND TURNED IN TO THE WARRIOR TRAINING ACADEMY NLT 15 MARCH 2012. INCOMPLETE PACKETS WILL NOT BE ACCEPTED.

1. **SUSPENSE:** REGISTRATION DEADLINE IS 04 SEPTEMBER 2015.

2. **SECTION 1 (REGISTRATION FORM).** ALL FIGHTERS WILL USE THE REGISTRATION FORM FOR THE 2015 JBLM MODERN ARMY COMBATIVES TOURNAMENT.

a. TEAM REGISTRATION.

(1) DEFINITION: A JBLM 2015 COMBATIVES TOURNAMENT TEAM IS DEFINED AS BEING COMPRISED OF A MINIMUM OF SEVEN (7) FIGHTERS AND A MAXIMUM OF SIXTEEN (16) FIGHTERS FOR THE EIGHT (8) WEIGHT CLASSES. A TEAM CAN FIELD NO MORE THAN TWO (2) FIGHTERS IN THE SAME WEIGHT CLASS. IN THE CASE OF A MINIMUM SIZED TEAM (SEVEN (7) FIGHTERS), ONE WEIGHT CLASS WOULD BE A FORFEIT WITH NO FIGHTER. ONLY TEAMS THAT MEET THESE REQUIREMENTS ARE ELIGIBLE FOR TEAM COMPETITION / TROPHY.

(2) A UNIT MAY REGISTER MORE THAN ONE TEAM FOR THE COMPETITION IAW PARA 1.a.(1).

(3) FIGHTERS REGISTERED WITH A TEAM ARE ELIGIBLE FOR INDIVIDUAL AWARDS. INDIVIDUAL REGISTRATION NOT REQUIRED.

b. INDIVIDUAL REGISTRATION.

(1) DEFINITION: A JBLM 2015 COMBATIVES TOURNAMENT INDIVIDUAL IS DEFINED AS AN INDIVIDUAL FIGHTER COMPETING IN ONE (1) OF THE IDENTIFIED WEIGHT CLASSES. AN INDIVIDUAL FIGHTER MUST PROVIDE UNIT CONTACT INFORMATION AND INDIVIDUALLY REGISTERED FIGHTERS ARE **NOT** ELIGIBLE TO EARN TEAM POINTS TOWARD TEAM COMPETITION / TROPHY.

(2) FIGHTERS REGISTERED AS AN INDIVIDUAL ARE **ONLY** ELIGIBLE FOR INDIVIDUAL AWARDS.

3. **SECTION 2 (INJURY SCREENING FORM).** ALL FIGHTERS WILL COMPLETE THE INJURY SCREENING FORM FOR THE 2015 JBLM MODERN ARMY COMBATIVES TOURNAMENT. INJURY SCREENING FORMS ARE CONSIDERED INCOMPLETE WITHOUT ATTACHMENT OF THE MEDICAL CLEARANCE FORM.

4. **SECTION 3 (MEDICAL CLEARANCE).** A COMPLETED MEDICAL CLEARANCE FORM IS **REQUIRED** FOR ALL FIGHTERS AND WILL BE ATTACHED TO THE INJURY SCREENING FORM AT THE TIME OF REGISTRATION. REGISTRATION PACKETS SUBMITTED WITHOUT A COMPLETED MEDICAL CLEARANCE FORM WILL NOT BE ACCEPTED.

5. **SUBMISSION:** SUBMIT COMPLETED REGISTRATION PACKETS (4 PAGES IN TOTAL) NLT 04 SEPTEMBER 2015 TO ONE OF THE FOLLOWING LOCATIONS.

a. BAYONET TRAINING ACADEMY HEADQUARTERS

(1) BLDG # 9666, 253.966.3763 (Work) / 253.389.8843 (Home)

(2) POC: SSG HANSON (james.hansons2@us.army.mil)

**NOTE:** CONFIRM WTA RECEIPT OF ALL REGISTRATION PACKETS SUBMITTED ELECTRONICALLY. INCOMPLETE PACKETS WILL NOT BE ACCEPTED.

6. **POINTS OF CONTACT.** FOR REGISTRATION ASSISTANCE CONTACT THE WARRIOR TRAINING ACADEMY AT 253.966.3763.

**INSTRUCTIONS**



# JOINT BASE LEWIS-MCCHORD BAYONET ACADEMY 2015 MODERN ARMY COMBATIVES TOURNAMENT REGISTRATION FORM



**INSTRUCTIONS (PRINT LEGIBLY):** TOURNAMENT COMPETITION IS FOR MILITARY PERSONNEL ONLY. COMPLETE EVERY ENTRY WITH THE INFORMATION REQUESTED. TEAMS ARE **REQUIRED** TO HAVE TWO FIGHTERS PER WEIGHT CLASS. TEAMS ARE NOT REQUIRED TO HAVE FEMALE TEAM MEMBERS. INDIVIDUAL REGISTRANTS MUST STILL PROVIDE UNIT CONTACT INFORMATION. NON-ARMY MILITARY PERSONNEL MAY COMPETE.

REGISTRATION TYPE (CIRCLE ONE)					
TEAM			INDIVIDUAL		
UNIT CONTACT INFORMATION					
UNIT (Co, BN, BDE/MSC):				UNIT PHONE:	
UNIT CONTACT (Rank Last Name, First Name MI.):					
UNIT CONTACT E-MAIL(S):					
ARMY COMPONENT (CIRCLE ONE):		RA / AR / NG / OTHER (Non-Army personnel may Compete.)			
IF OTHER, PROVIDE MILITARY SERVICE AFFILIATION:					
TEAM / INDIVIDUAL CONTACT INFORMATION					
TEAM CAPTAIN (Rank Last Name, First Name MI.):					
DUTY PHONE:				OFF-DUTY PHONE:	
CONTACT E-MAIL(S):					
TEAM MEMBERS (TWO FIGHTERS PER WEIGHT CLASS)					
WEIGHT CLASS	RANK	LAST NAME	FIRST NAME	MI	SSN
<b>BANTAMWEIGHT</b>					
Male 110 lbs & under					
Female 120 lbs & under					
<b>FLYWEIGHT</b>					
Male 125 lbs & under					
Female 136 lbs & under					
<b>LIGHTWEIGHT</b>					
Male 140 lbs & under					
Female 153 lbs & under					
<b>WELTERWEIGHT</b>					
Male 155 lbs & under					
Female 169 lbs & under					
<b>MIDDLEWEIGHT</b>					
Male 170 lbs & under					
Female 185 lbs & under					
<b>CRUISERWEIGHT</b>					
Male 185 lbs & under					
Female 198 lbs & under					
<b>LIGHT HEAVYWEIGHT</b>					
Male 205 lbs & under					
Female 227 lbs & under					
<b>HEAVYWEIGHT</b>					
Male 206 lbs & over					
Female 228 lbs & over					



## JOINT BASE LEWIS-MCCHORD BAYONET ACADEMY MODERN ARMY COMBATIVES INJURY SCREENING FORM

(FOR USE SEE JBLM BAYONET ACADEMY MEDICAL SOP)



**INSTRUCTIONS (PRINT LEGIBLY):** COMPLETE EVERY ENTRY WITH THE INFORMATION REQUESTED. CIRCLE YES / NO ANSWERS. IF YOU HAVE ANY CONDITION THAT MIGHT BE A SOURCE OF CONCERN OR MAY BE AGGRAVATED BY YOUR PARTICIPATION IN THIS ACTIVITY, INDICATE USING THIS FORM. ANY POSITIVE (YES) RESPONSES **REQUIRE** DETAILED EXPLANATION IN THE SPACE PROVIDED. **ANY YES RESPONSES TO QUESTIONS 5 – 17 REQUIRES MEDICAL CLEARANCE (PAGE 3) TO PARTICIPATE IN TRAINING.**

GENERAL INFORMATION															
<b>NAME (Last, First MI):</b>							<b>UNIT:</b>								
<b>SSN:</b>				<b>MAC LEVEL:</b>		1 / 2 / 3 / 4		<b>HEIGHT:</b>				<b>WEIGHT:</b>			
1. Have you completed any martial arts training?												YES		NO	
a. If YES, what type(s) or style(s):															
MEDICAL / INJURY SCREENING DATA															
2. Current physical condition?				EXCELLENT / GOOD / FAIR / BELOW STANDARD											
3. Do you wear contact lenses? (If YES, you will <b>NOT</b> be able to wear during training.)												YES		NO	
4. Have you had a Physical or Periodic Health Assessment (PHA) within the last 12 months?												YES		NO	
a. If YES, date (MM/DD/YYYY):								<b>MUST BE WITHIN 12 MONTHS TO TRAIN</b>							
5. Are you currently on PROFILE?												YES		NO	
a. If YES, (circle one):				TEMP / PERM				Expires (MM/DD/YYYY):							
6. Have you had an injury within the last 6 months?												YES		NO	
a. If YES, explain:															
7. Have you had any minor/major surgeries in the last 12 months?												YES		NO	
a. If YES, what was the surgery?															
b. If YES, date of the surgery (MM/DD/YYYY)?															
c. If YES, are you currently having any problems or still being treated?												YES		NO	
8. Have you had LASIC, PRK, or any eye surgery?												YES		NO	
a. If YES, date (MM/DD/YYYY):															
9. Have you ever had any injury to the socket eye region?												YES		NO	
a. If YES, date (MM/DD/YYYY):															
10. Do you currently have any skin conditions?												YES		NO	
a. If YES, what type (i.e. ring worm, eczema, staph, foot fungus, herpes, etc.)?															
11. Have you had SmallPox vaccination in the last 2 months?												YES		NO	
a. If YES, date (MM/DD/YYYY):															
b. If YES, do you still have a sore?												YES		NO	
12. Do you have any allergies?												YES		NO	
a. If YES, to what?															
13. Have you ever had any heat or cold injuries?												YES		NO	
a. If YES, explain:															

**MEDICAL / INJURY SCREENING DATA (continued)****14.** Do you have, or have you ever had, any injuries/conditions in the following areas?

YES	NO	YES	NO
a. Head		b. Wrist	
c. Nose		d. Hand	
e. Jaw or Teeth		f. Arm	
g. Facial Bones		h. Knee	
i. Neck		j. Ankle	
k. Back		l. Foot	
m. Elbow		n. Leg	
o. Shoulder		p. Kidney / Spleen	
q. Headaches		r. Memory Loss	
s. Dizziness		t. Numbness	

Provide a detailed explanation for any positive responses (YES answers) to **a. through t. above** in the space below:


**15.** Have you ever had any type of Traumatic Brain Injury (TBI)?

YES

O

a. If YES, returned to duty date (MM/DD/YYYY):

**FEMALES ONLY****16.** Are you pregnant or do you feel you may be pregnant?

YES

O

**17.** Have you undergone breast augmentation?

YES

NO

a. If YES, date (MM/DD/YYYY):

b. If YES, are you completely healed?

YES

NO

**ALL – Provide additional explanation for ANY positive responses (YES answers) to ON THIS FORM in the space below:**


**AUTHENTICATION**

I understand that under the provisions of 5 USC 552a, The Privacy Act of 1974, that it is prohibited to release any of the information contained in this file to agencies or individuals outside the U.S. Government without my consent. I also understand that I am under no obligation to authorize or allow such release for whatever purpose it deems appropriate or necessary; and should I withhold such authorization, the information will not be released to private third parties and no consequences of any kind will result.

I certify that I understand the statement above and have answered all questions on this form to the best of my ability.

**SIGNATURE:****DATE (MM/DD/YYYY):**



**JOINT BASE LEWIS-MCCHORD BAYONET ACADEMY MODERN  
ARMY COMBATIVES MEDICAL CLEARANCE FORM**  
(FOR USE BY MEDICAL PERSONNEL ONLY)



**NOTE TO PROVIDERS:** REFERENCE MEDICAL STANDARD OPERATION PROCEDURES (SOP) FOR JOINT BASE LEWIS-MCCHORD (JBLM) MODERN ARMY COMBATIVES ACADEMY (MACA) DATED 17 NOVEMBER 2011 FOR GUIDANCE ON REQUIREMENTS FOR CLEARANCE TO PARTICIPATE IN MAC. IN THE SPACE BELOW, PROVIDE EXPLANATION AND COMMENT ON SOLDIER'S ABILITY TO PARTICIPATE IN LEVEL I/II COMBATIVES BASED ON SOLDIER'S ANSWERS TO QUESTIONS ON THE SCREENING FORM. (SPECIFICALLY ADDRESS ANY "YES" ANSWERS TO QUESTIONS 5-17) IF QUESTION REMAINS REGARDING SOLDIER'S ABILITY TO PARTICIPATE, PROVIDE SPECIALIST CONSULTATION AND INFORM SOLDIER S/HE WILL HAVE TO BE CLEARED BY SPECIALIST PRIOR TO PARTICIPATION IN COMBATIVES.

PA / PROVIDER'S MEDICAL EVALUATION	
CLEARANCE STATUS	
Soldier is <b>CLEARED</b> to participate in Combatives.	
<input type="checkbox"/>	Soldier <b>REQUIRES REFERRAL</b> to Specialty Consultation. Soldier referred to (i.e. Ortho, ENT, DERM, etc.): _____
Soldier is <b>NOT</b> CLEARED to participate in Combatives.	
AUTHENTICATION	
<b>SIGNATURE:</b>	<b>DATE (MM/DD/YYYY):</b>
<b>MEDICAL PROVIDER STAMP / SIGNATURE BLOCK (REQUIRED):</b>	

REFERRAL FOLLOW-UP MEDICAL EVALUATION (As Required)	
CLEARANCE STATUS	
Soldier is <b>CLEARED</b> to participate in Combatives.	
Soldier is <b>NOT</b> CLEARED to participate in Combatives.	
AUTHENTICATION	
<b>SIGNATURE:</b>	<b>DATE (MM/DD/YYYY):</b>
<b>SPECIALTY MEDICAL PROVIDER STAMP / SIGNATURE BLOCK (REQUIRED):</b>	